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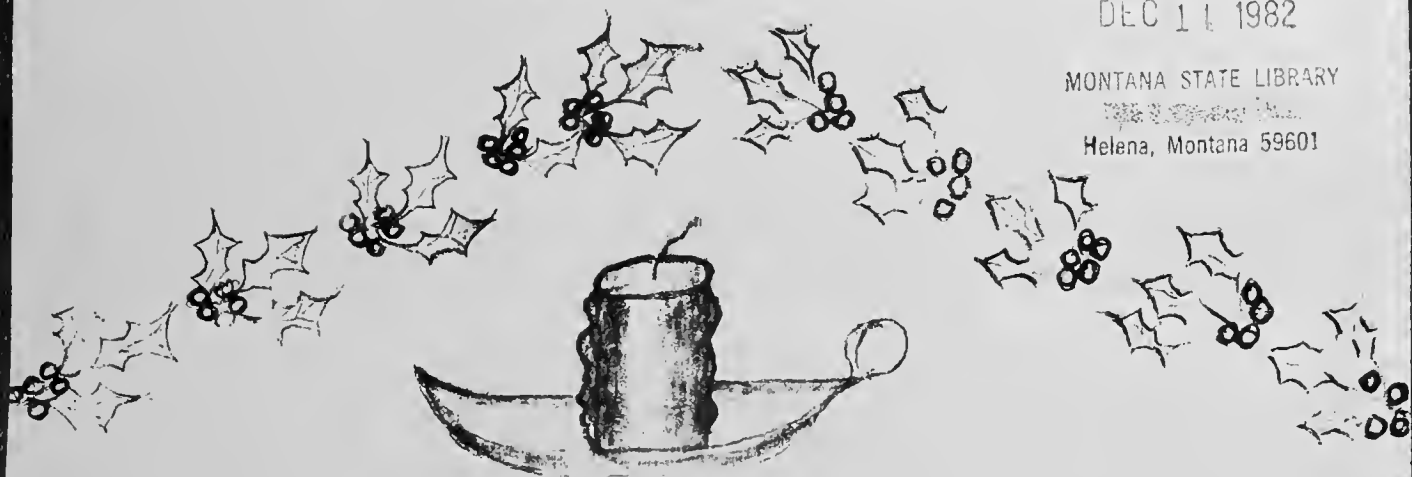
ALCOHOL AND DRUG ABUSE DIVISION
MONTANA DEPARTMENT OF INSTITUTIONS
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DECEMBER 1982/JANUARY 1983

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EDITORIAL

Traditionally at this time of year we review accomplishments over the past year in comparison to expectations and plan for the future with firm resolve. As an emergent human service, alcoholism (chemical dependency) rehabilitation has made dramatic progress in the systematic process of acceptance by established human service fields. The progress made in achieving both acceptance of the illness and the recognition of its magnitude is monumental. We must continue to strive for patience with the progress made; however, not allowing complacency. At this time of year when Christians celebrate the birth of Jesus we should give thanks for the guidance given by "a Power greater than ourselves" and pray for continued leadership.

Peace, Joy and Serenity Now and Always

MERRY CHRISTMAS

*Pike Runas Mike Mahoney Carrie Larsen
Liz McDonnell Kay Flinn
Dick Rice
Joan Rutledge
Robert Rubin
Barbara Connel
Thomas Jean Bole
Candis Compton
Larry Brown*

TASK FORCE ON DRINKING AND DRIVING

The Department of Justice and Institutions sponsored a statewide task force on drinking and driving to discuss current Montana statutes. Thirteen people from a variety of professions involved with drinking drivers met in Great Falls on November 12, 1982. The guidelines for DUI legislation enacted by the US Congress this fall were presented and compared to existing states laws and procedures.

To be in compliance with the federal recommended programming, Montana would need to make changes in the following areas. 1) Driver's licenses of individuals found to be intoxicated while driving must be administratively suspended upon arrest, rather than conviction. This administrative per se procedure would occur independently of judicial action, and would ensure prompt removal. 2) The period of driver's license suspension for refusing to submit to an alcohol test would need to be lengthened to at least ninety (90) days. 3) A person driving with a blood alcohol concentration of 0.10% or greater will be deemed to be intoxicated. This illegal per se law makes the BAC a crime rather than the presumption of one.

The US Department of Transportation considers the congressional guidelines as eligibility criteria for basic alcohol-highway safety grants to states. If laws were enacted to meet the above-mentioned three, Montana would be eligible for approximately \$200,000 this (federal) fiscal year. The money would be available in decreasing amounts for an additional three years, with few federal restrictions on its allocation.

The Task Force came to a surprising consensus about those recommendations. The decision was to seek at least those changes but without using the grant as motivation. They felt the modifications were necessary in and of themselves. The Task Force recommendations were, in fact, more stringent in some areas and included some other topics beyond those listed.

The Attorney General's Office is drafting legislation for discussion at the December Task Force meeting. Copies of the discussion draft will be available through ADAD the first week in December. If you are interested in a copy, or have comments or questions, write or call Candis Compton at 449-2827.

* * * * *

HOW TO USE ROLE PLAY IN YOUR TAPED WORK SAMPLE

An increasing number of certification applicants are resorting to the role play as a means of satisfying the taped work sample requirement. While the role play is an acceptable method of meeting this requirement, the panel of tape judges think that certain guidelines and suggestions are in order to enhance the probability of having an acceptable tape.

It is essential that the "client" have a problem situation which can be presented in a style much the same as a real client. He or she should be thoroughly familiar with the role, which may or should involve some study of the problem situation prior to the taping of the session.

The counselor should respond to the "client's" situation in a natural or spontaneous manner without having to refer to a script to address the "client's" problems.

Above all else, neither the counselor nor the "client" should read their respective parts. This method demonstrates very little as to the counselor's ability to respond therapeutically to the client's situation. Try to make the role play as close to the real thing as possible.

Finally, in both real and role play presentations do not stop and restart the tape. The judges interpret these breaks as being an indication of not knowing what to say next. If it becomes necessary to stop the tape please explain the break when it is restarted.

For the most part, the quality of the tapes is steadily improving, which would indicate a much more professional approach to the highly sensitive act of counseling.

MERRY CHRISTMAS AND OTHER ITEMS OF INTEREST

BY ROBERT MACCONNEL

As a result of the recent polling of field personnel, via THE HABIT, in which 27 persons responded, the term Chemical Dependency Counselor appears to be the choice of those who indicated their preference. (Twenty-seven respondents represent five percent of the number of registered applicants.) This designation was also the choice of the Department Director, as well as the Governor's Advisory Council for the Alcohol and Drug Abuse Division. If the number of people responding is a result of apathy, then it is, indeed, a rather sad commentary on the interest and involvement of those who provide direct services. Twenty-seven people decided what the designation should be for 479 others. Let there be no complaints.

As was stated in the last issue of THE HABIT the change over to Chemical Dependency Counselor will involve some rather significant changes in the counselor certification procedure. In order to avoid imposing upon applicants two different sets of rules within the designated time span for achieving certification, the new procedure will not become effective until July 1, 1983. As was stated earlier, all certificates will be recalled at that time and the term Chemical Dependency Counselor will be substituted for the existing alcoholism or drug counselor endorsement. No further testing will be required in these areas.

In what is, perhaps, a more pleasant vein, the Certification Section wishes to extend to each of you the merriest of Christmases and a wish for a New Year that will bring to you those things that are nearest and dearest, whatever they may be.

* * * * *

DUI AWARENESS WEEK

President Ronald Reagan has proclaimed December 12-18, 1982, as National Drunk and Drugged Driving Awareness Week. This was passed as a Joint Congressional Resolution and then formally established by a Presidential Proclamation in October. The Blue-Ribbon Commission on Drunk Driving is expected to have its initial recommendations published before that week to reinforce our awareness before the holiday season.

The Montana Highway Patrol is encouraging the initiation of Students Against Drunk Drivers (SADD) groups in high schools. A statewide meeting of 50 representatives will gather in Helena the week of December 12-18 to meet other people involved in SADD and to receive training on alcohol and DUI issues. A press conference will be held during the luncheon; both the Governor and the Attorney General have been invited to speak.

* * * * *

A blood alcohol concentration (BAC) of .10 percent or greater is the level at which a driver is considered legally intoxicated in most states.

Approximately 55 percent of fatal crashes involve a driver who has been drinking.

In single vehicle crashes, where responsibility is apparent, between 60 and 75 percent of dead drivers have BACs greater than .10 percent.

The average BAC of drivers arrested for drunk driving is approximately .20 percent, double the level for presumed intoxication.

Over the past 10 years, the proportion of highway deaths involving alcohol has averaged 25,000 per year; one quarter of a million Americans have lost their lives in alcohol-related crashes in the last decade.

- US Department of Transportation

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ALCOHOLICS ANONYMOUS AROUND THE WORLD

When A.A. members decide to travel to a foreign country for business or pleasure, often the first question that comes to mind is whether they will be able to attend meetings of the Fellowship when they reach their destination. And because A.A. now has groups in 110 countries across the globe, the answer generally is "yes." Yet many people who are aware that A.A. is an international organization have never stopped to think about just how far-reaching the Fellowship actually is. Thus, although it is not surprising to learn that there are A.A. groups in Great Britain, France and Spain, it may seem amazing for them to find that there are 3,000 groups in Mexico, 600 in Honduras, 180 in South Africa, and 15 in Sri Lanka.

In Belgium, there are Flemish-speaking groups (235) as well as those that speak French (145). Iceland has a flourishing conference of 80 groups with 2,500 members, while Brazil has 1,400 groups comprising 21,000 members. And on the other side of the world, the island of Fiji has one group with 8 members, while Australia's 775 groups have just under 8,000.

There is even a group in Antarctica!

Much of A.A.'s growth throughout the world can be credited to the power of the printed work, especially to the Big Book of Alcoholics Anonymous and supporting pamphlets. Indeed, it has been found that there is dramatic burst of growth in A.A. membership in any country in which native language literature becomes widely available. And, as interest in the A.A. program has spread, there have been an increasing number of translations of the Big Book under the auspices of Alcoholics Anonymous World Services, until now there are 13 foreign language editions.

In addition, there are informal mimeographed translations in other languages that have been made by Alcoholic Anonymous groups large enough to need written material, but too small to warrant an entire publishing program. In recent years there has even been an effort to carry the A.A. message to aboriginal peoples, such as the Maoris and Tongas of New Zealand and the Xhosa of South Africa, in their own languages.

Members of the professional community who may be working with recovered alcoholics in the armed forces or in international organizations, as well as with clients who may be traveling on their own for business, will be interested to learn that A.A. publishes a list of International Intergroup Offices and General Service Offices, available on request. Obviously, professionals in the field also can attend open A.A. meetings in other countries as they can in the United States.

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"There are children from whom society must be protected as soon as possible, large muscular individuals, but children, nonetheless-who have killed and maimed, raped and sodomized...There can be little doubt that they will do the same again...What the press doesn't tell us, however, is how few of these sensational cases there really are, what a small percentage they represent among the hundreds of thousands of children who run afoul of the law. It is the presence of the other children-disturbed children, children whose parents can't or won't take care of them-that test our social conscience."

- The Child Savers
Prescott/Knopf/NY/1981

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"IT'S OK NOT TO DRINK!"

[The following letter appeared in the August 25, 1982 Lewistown News Argus.]

Dear Editor:

It has been said "It is better to light one candle than to curse the darkness."

The Central Montana FOCUS Support Group, with the generous financial assistance of several individual businesses and civic organizations, lit a candle during the week of August 15 to 20 when they presented a workshop entitled "Alcohol and Drugs--Working with Adolescents and Schools."

The present rash of publicity concerning the alcohol-related carnage on our highways has aroused concerned people across the nation and has now caught the attention of Congress.

According to the chairman of the President's Commission on drunk driving, accidents involving drunk driving are now costing the nation \$21 to \$24 billion yearly. Our national hangover (societal costs of crime, accident, etc.) is more than \$60 billion.

Latest statistics from the National Highway Safety Administration reveal that of 51,077 traffic fatalities last year, 18,388 were 15-24 years of age. Drivers 20 years of age or younger constitute less than 8 percent of the licensed driving population, yet they were involved in more than 25 percent of all drunk driving collisions.

Front page headlines reveal only the spectacular tip of the iceberg. For every sensational alcohol-related story that makes the headlines, there are hundreds of families who manage to maintain a facade of normalcy, but are living lives of quiet desperation.

T.V. commercials have made beer drinking synonymous with sport, weekends and the good life. Yet many times when concerned parents, teachers and school officials attempt to introduce into the curriculum material designed to help students to make non-biased decisions about drinking, these activities are viewed as some kind of subversive activity.

The bright spot in the picture is that chemical dependency is treatable and preventable. There are other ways of dealing with the problem than "cursing the darkness."

Concerned people like Central Montana FOCUS Group are springing up all over the country with a message for our young people that "it's O.K. NOT to drink."

Believe me, I've tried it both ways and I can assure you that weekends are NOT made just for beer drinking. I congratulate the FOCUS Support Group for a job well done and I was grateful for the opportunity to participate.

L. S. Anderson, Director
Alcohol-Drug Services of
Central Montana

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In corporate thinking about troubled workers, anyone earning more than \$25,000 has executive stress, those earning less have alcoholism.

- NEWSDAY

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CALIFORNIA UNEMPLOYMENT APPEALS BOARD SETS PRECEDENT

An alcoholic who quit his job to disassociate himself from his former companions and establish a new and sober life is entitled to collect unemployment, the California Unemployment Appeals Board has ruled.

In a precedent decision issued September 14, the Board sustained the finding of an administrative law judge who held that the employee voluntarily quit his job with good cause.

The Board held that "in an effort to control his alcoholism and move from a destructive environment with the objective of protecting and preserving his family" the employee acted reasonably in leaving his job at a supermarket in Ventura and moving to Maine.

Citing Rabago v. Unemployment Insurance Appeals Board, 84 C.A. 3d 200 (1978), the Board ruled that where a person voluntarily leaves a job because of "objectively reasonable concerns for his health and safety arising from his work environment" he is entitled to unemployment benefits.

Although the Board held that the claimant's working conditions were not particularly adverse, the fact that the claimant was required to work a variety of shifts contributed to his problem.

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FOUR-LEGGED LUSHES

Leeds, England--Hardly an animal exists that is averse to booze. Villagers of Carbellada in northern Spain were disconcerted to discover that their milk had an alcoholic flavor. On taking a close look at the cow involved, they realized she was tipsy. They saw her sway across the farmyard into a shed. There, she lapped up a huge draft of wine from a pitcher, accounting for the foolish grin villagers claimed to have detected upon her countenance. She had put away four gallons of the stuff.

Two bears escaped from a zoo in Kent, England. Their sensible keepers bought six bottles of green chartreuse from a local pub and poured the liquor into a pail that they then left in clear view of the bears--an offer the bears could not refuse. They were quickly trapped.

The animals with the shadiest reputation as swillers of booze are probably zoo elephants. One Victorian naturalist told of a jumbo that would draw a cork from the bottle of claret and down the contents without spilling a drop.

A menagerie owner in Exeter, England, would treat himself and his elephant every evening to a glass of spirits. Being courteous, he would offer the elephant the first glass out of the bottle. One night, feeling unusually thirsty, he took the first drink himself. The proud beast was so offended it refused its own glass and never drank with its master again.

- Ivor Smullen; New York TIMES
(Source) THE GRAPEVINE

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Over an estimated 13 million Americans are either alcoholics or problem drinkers; this represents 7% of the population over 18.

Of the above total, 3.3 million teenagers (age 14-17) are estimated to be problem drinkers, representing 19% of their total population.

* * * * *

CONTROLLED DRINKING DATA CHALLENGED IN NEW STUDY

In the early 1970s, reports of a behavior modification program that had successfully trained alcohol-dependent drinkers for moderate social drinking challenged the conventional wisdom in the health professions that alcoholics must abstain totally and spurred interest in controlled drinking. A team of investigators has now reviewed the original evidence and completed a 10-year follow-up that seriously questions the procedures and results reported in the study, as well as the long-term possibilities of controlled drinking for physically dependent alcoholics.

The original reports, based on a 1970-71 experiment at Patton State Hospital in California by Drs. Mark and Linda Sobell, and published in a series of widely quoted articles and books, found improvement in the experimental subjects throughout their two-year follow-up. Nearly all of the 20 subjects trained for controlled drinking were reported to be functioning well during most of the second year. But the current investigators--led by Dr. Mary L. Pendery, a psychologist at the San Diego Veterans Administration Medical Center and the University of California, San Diego, School of Medicine, along with two researchers, Dr. Irving M. Maltzman of the UCLA Psychology Dept. and Dr. L. Jolyon West of the UCLA School of Medicine--reported in *SCIENCE* (July 9) that only one of the alcoholics successfully managed to sustain moderate drinking.

The Sobells' study was highly influential because its reported success and rigorous design were virtually unprecedented in this field. Earlier studies had found that at best only 5% to 15% of conventionally treated alcoholics were able to drink moderately, according to British investigator Dr. Jim Orford's 1973 review, and it was often unclear what proportion of even this meager success represented alcoholics who were psychologically rather than physically addicted.

In sharp contrast, the Sobells reported that 17 of 20 experimental subjects trained for controlled drinking were functioning well more than 85% of the time during the second year of follow-up, as compared with only 4 of the 19 surviving controls who were conventionally trained for abstinence. This difference was significant at $p < .001$. "Functioning well" was defined as days spent either abstinent or drinking moderately (six daily ounces or less over several days, or seven to nine daily ounces for one to two days). The Sobells are quoted by Dr. Pendery and her colleagues as concluding: "Controlled drinking, as it was practiced by the subjects of the study, was explicitly not daily drinking; more typically it was a pattern of drinking characterized by one to four drinks on two or three occasions per week to one or two such occasions per month." Moreover, a third-year follow-up by Drs. Glenn R. Caddy and Harold J. Addington Jr. of Old Dominion University, Norfolk, VA., and Dr. David Perkins of California State University, in which they interviewed 14 of the experimental subjects and 15 of the controls, reported that the behaviorally trained alcoholics were functioning well 95% of the time, as against 75% of the conventionally treated group, a difference significant at $p = .04$. No major study before or since has found superior results for controlled drinking over abstinence, when control groups and a homogeneous population of gamma (physically dependent) alcoholics are used, Dr. Pendery said in an interview.

The reexamination and follow-up of the Patton State study were based on interviews with the original subjects and collateral information sources (family or close friends), plus objective information, such as records of hospitalization and arrest. Between 1976 and 1979, Dr. Pendery and co-workers managed to contact 18 of the 20 experimental subjects, maintaining intermittent contact with those of the 18 who survived through 1981. In all, they obtained what they regard as convincing information on the status of all 20, both for the periods studied by the Sobells and by the Caddy group and for the seven ensuing years. Their findings differ sharply from those of the earlier investigators.

The Pendery team found that 13 of the experimental subjects required re-hospitalization during the first year following discharge from Patton State. The Sobells had noted a substantial rehospitalization during the first year but suggested that these institutionalizations "might have been

the result of voluntary hospitalizations among the experimental subjects, either to curb the start of a binge or to avoid starting drinking at all," adding that the subjects had been trained to do this. The actual hospitalization records, however, show that all 13 exhibited at least one of the following conditions on readmission the first year: delirium tremens, alcohol withdrawal, uncontrolled drinking, alcohol-induced disability, and suicidal or violent behavior when drinking.

Of the remaining seven subjects, six drank to excess at least intermittently during the first three years, and all six eventually suffered serious consequences of their drinking. The seventh was the only one of the 20 trained for controlled drinking who, in the Pendery team's view, succeeded. However, on the basis of interviews, hospital records, and his score on the Alcohol Dependence Scale, they feel that he was, in fact, an alpha (psychologically rather than physically addicted) alcoholic and therefore not properly included in the experimental group.

The new study similarly questions the results of the third-year follow-up by Caddy and co-workers. In particular, its findings diverged strikingly for the six subjects ranked highest by Caddy et al. According to the earlier study, these six functioned well 100% of the time during the third year. The review by Pendery et al, however, found that four of these six were drinking heavily, while one of the remaining two functioned well only after being hospitalized for drinking and jailed for alcohol-related offenses; he then spent five months in an alcoholism recovery home, after which he became abstinent.

The long-term results are the most uniformly negative. Eight of the "controlled drinking subjects continued to drink excessively" through the last seven years of the follow-up. During 1979-81, all suffered one or more of the following alcohol-related consequences: job loss, arrest, marital breakup, and hospitalization for alcoholism and related serious physical illnesses. Six of the subjects were abstaining completely by 1981, most after years of uncontrolled drinking--marked by multiple rehospitalizations in four of the cases and a disabling alcohol-related accident in a fifth. Four other subjects had died of alcohol-related causes, including suicide, myocardial infarction, and respiratory failure. One subject could not be located, though his hospital records show him to have been "gravely disabled from drinking" one year after completing the training program. The remaining subject was the lone successful controlled drinker described previously. Summarizing her results, Dr. Pendery commented: "I don't think that both their reports and our findings could be factual."

The Sobells' study has been highly regarded for its scientific design as well as for its reported results. It was one of the few to utilize random assignment to experimental and control groups, and to restrict itself to gamma alcoholics. Its two-year follow-up rate was "the highest documented ...in the alcoholism literature," according to its authors.

The Sobells reported that they randomly assigned 40 hospitalized alcoholics who "requested controlled drinking, had available significant outside support for such behavior, and/or had successfully practiced social drinking at some time in the past" to one of two groups. The experimental group received 17 sessions of behavior therapy designed to foster controlled drinking, including aversive stimulation (electric shock) for excessive drinking behavior in the hospital's simulated bar and training in alternatives to uncontrolled drinking. The control group was treated with conventional procedures aimed at abstinence, including group therapy, chemotherapy, Alcoholics Anonymous, and physiotherapy. For two years after discharge, the original investigators reported, all the subjects and one or more collateral information sources for each were interviewed every three to four weeks, and relevant official records were simultaneously analyzed.

In addition to questioning the reported results, Dr. Pendery suggests that key features of the Sobells' study may not have been carried out as described. Hospital records show that all but two of the experimental subjects were admitted in the spring and summer and most of the controls were admitted in the colder months. This, Dr. Pendery noted, constituted a significant deviation from randomness in the order of admission ($p < .002$). There is also evidence that the Sobells' two-year follow-up may not have

(Controlled Drinking, cont'd)

been as rigorous as reported. Details of methodologic discrepancies will appear in a forthcoming publication, Dr. Pendery said.

Neither the Sobells nor Dr. Caddy would respond to queries from this journal. The Sobells, who are now on the staff of the Addiction Research Foundation of Ontario, Toronto, issued a statement "categorically" affirming the integrity of their research. They added that upon learning of the pending article in SCIENCE "purporting to refute this study, we requested that an impartial, objective inquiry into this matter be conducted by external reviewers." Such a committee has been established. The Sobells intend to comment on the issues, the statement concluded, "after the review has been completed."

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) is considering legal action against the Sobells for possible violation of the terms of the federally funded NIAAA grant under which their study was done, the San Diego Union has reported. Loren Archer, acting director of the NIAAA, is reported to be considering other actions, such as attempting to have the Sobell study expunged from the many textbooks and NIAAA publications in which it is cited. Mr. Archer professed puzzlement as to why a committee has been set up to study the contradictions between the reports. The study in SCIENCE is "so thoroughly substantiated with hospital and police records," he told the San Diego Union, "I don't see why anyone has to convene a committee to do anything further."

- Source: Hospital Practice
September 1982

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EIGHTEEN MORE CERTIFIED

The following people are recent additions to the list of fully certified program personnel.

We offer our thanks for their cooperation as well as our sincere congratulations.

John Brekke	Swan River Youth Camp, Swan Lake
David Cunningham	Rimrock Foundation, Billings
Mona Sumner	Rimrock Foundation, Billings
David Campbell	Rimrock Foundation, Billings
Rich Tavares	Kaleidoscope Drug Program, Ronan
Joan Rutledge	ADAD, Helena
Debbie Nelles	Missoula A/D Program, Missoula
Nancy Tunnickliff	Shodair Hospital, Helena
Bud Collins	Deaconess CDU, Great Falls
Barbara Pipe	District I, Glasgow
Lynn Stott	Rimrock Foundation, Billings
Alice Sterling	Libby High School, Libby
Royce Gilbertson	Lincoln County Program, Libby
John Aspholm	Galen AT&R
John Myers	Providence, Great Falls
Jean Erickson	Missoula A/D Program, Missoula
Marcella Bardusk	Sunrise Ranch, Helena
Gail Bucko	Providence, Great Falls

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Fourteen teenagers die each day in drunk driver accidents.

An additional 360 teenagers are injured each day in alcohol related crashes.

- US Department of Transportation

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DRIVER EDUCATION CONFERENCE THEME TO BE ALCOHOL

Plans are being formulated already for the May, 1982, statewide conference of driver educators and driver examiners. The theme of the conference is a timely one--Drinking and Driving: A Personal Choice/A societal Responsibility. The conference will be open to traffic education teachers in schools and driver examiners in the Highway Patrol and will last a day and a half. An optional two-day session will be offered for two additional college credits to teachers on the integration of alcohol information into driver training. The planning for this 3-1/2 day conference is by the Alcohol and Drug Abuse Division, the Highway Traffic Safety Division and the Office of Public Instruction.

* * * * *

A STUDY ON DRUG COUNSELORS

Have you ever wondered what drug counseling is like in other states? What drug counselors are like elsewhere? A study was conducted in 1981 by NIDA and the University of Miami which resulted in the following information.

The study consisted of telephone interviews of 45 drug treatment counselors who worked for 29 different treatment programs in 11 states. These 45 counselors were evaluated as "superior" counselors in their respective programs by their program administrators, according to a set of criteria provided. The counselors were employed by programs which were identified by their state drug authorities as providing the best counseling services.

The ages of the drug treatment counselors ranged from 23 years to 66 years, with a mean of 33.2 years; 37 of the counselors had at least a BA degree, and 22 had an MA degree. The counselors had worked an average of 5 years in drug treatment, and 19 reported having received training specific to the substance abuse field. Nine counselors had a history of drug abuse and had been admitted to treatment prior to their present employment. The counselors reported an average caseload of 22 clients.

Thirty-eight of the counselors maintained regular scheduled appointments with clients and 37 also reported seeing their clients at least once a week. Most sessions lasted approximately one hour. Most of the counselors considered to be "superior" made a concerted effort to involve their clients in the development of treatment plans (38) and to review completed plans with their clients (40).

There seemed to be little consensus as to what treatment goal was most important. To help clients become drug free was the goal selected by ten counselors; employment was seen as most important by six counselors; and increased social skills and self esteem was most important by 5 counselors. All other possible goals were seen as most important by fewer than five counselors.

These counselors reported themselves as more likely than their clients to raise issues involving social relationships, self worth, and problems regarding substance abuse. Clients were more likely than counselors to raise concerns about sexual difficulties, family problems, and financial concerns. Nine counselors reported making home visits in the two months prior to the study, mostly to see clients who were handicapped or otherwise homebound.

Further information about this study may be obtained from the Treatment Research and Assessment Branch, Division of Prevention and Treatment Development, National Institute on Drug Abuse, 1500 Fishers Lane, Rockville Maryland, 20857.

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TRAINING STRUCTURE TO CHANGE WITH KAY FLINN'S RESIGNATION

Since July 1, 1981, to date, a total of 386 participants received training provided by ADAD. The approximately 400 persons attended training in a total of 29 events; 19 workshops were delivered by ADAD staff and were developed for one and two-day presentations in each of the five regions. Ten additional events were delivered in workshops ranging from one to four days in a variety of locations. ADAD offered an average of 2.4 training events per month during this time period.

Workshop subjects were chosen to meet the needs and wants identified by program staff. Subjects included: Intervention By Concerned Persons; Group Skills; Assessment and Treatment Planning; Counseling Adolescents; Self-Esteem of Counselor and Client; Family Systems Approach in Counseling; Spouse Relationships; Families and Chemical Dependency; Counseling for Prevention of Relapse; Conflict Resolution and Imagery; Change and Communication.

Twenty-seven of the 29 events were offered tuition-free to participants. The 1982 Summer School at the College of Mineral Science and Technology presented by OnSite was the most cost efficient to date.

Training events have been advertised at least one month in advance in several announcements to allow fullest participation. No single event has been filled to capacity.

As 1983 approaches, the training function of ADAD will undergo a change. With the resignation of Kay Flinn, who has filled the training coordinators position, there will be no single staff person providing training.

Individual programs and regional combinations will take over the responsibility of providing, advertising and coordinating training delivery. Training resources will be available on a limited basis through ADAD.. There will also be a committee of program persons combining directors and staff who will meet early in the new year to determine the immediate management of training activities, in compliance with certification standards.

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A FAREWELL NOTE FROM KAY

I would like to take this opportunity to say how much I have enjoyed my years at ADAD. I believe this staff is one of the finest in any state agency, and I am grateful for all they have taught me--grateful for their unbeatable personal support and friendship.

It has been a great experience to work with so many of Montana's program staff. It is my personal conviction that we who work in the chemical dependency field work with a very complex problem, which requires us to constantly increase our knowledge and skills to better serve those whom we counsel.

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